MONTANA BOARD OF ARCHITECTS 301 SOUTH PARK PO BOX 200513 HELENA MT 59620-0513 PHONE (406) 841-2351 FAX (406) 841-2309

E-mail: dlibsdarc@mt.gov

Website address: http://www.architect.mt.gov

INSTRUCTIONS FOR FILING AN APPLICATION FOR ARCHITECTURAL LICENSURE

An architect applicant apply for licensure in Montana in two ways:

- 1. **LICENSURE BY EXAMINATION**: The applicant must have an accredited Architectural degree and must have completed the Intern Development Process IDP and pass the National Architectural Registration A.R.E examination. The applicant also must have verification of completion of IDP (internship) sent directly from NCARB or Green Cover Council Record.
- 2. **LICENSURE BY RECIPROCITY**: The applicant must have a current National Council of Architectural Registration (NCARB), Blue Cover Council Record, and must hold a current license in another state.

3. **FEES**:

LICENSURE BY EXAMINATION		LICENSURE BY RECIPROCITY	
Original license fee	\$40.00 odd year \$80.00 even year	Application fee Original license fee	\$100.00 \$40.00 odd year
	\$60.00 even year	Original licelise fee	\$80.00 odd year

4. **PHOTOGRAPH:** A recent picture of the applicant must be affixed to the application.

5. EXAMINATION INFORMATION:

- ♦ Licensure fees will be required when the examinations have been passed and completed.
- ♦ All applicants must complete IDP in order to be eligible to sit for the National Architectural Registration examination (A.R.E).
- ♦ When IDP is completed, the applicant will be requested by NCARB to claim their base for licensure.
- ♦ Applicants IDP record will be sent to the requested state and information will be sent to the applicant regarding the examination process.
- ♦ The National Examination (A.R.E) consists of nine separate sections. Fees are set by the exam administrator and a fee schedule will be included in the examination information sent to the applicant.

6. ADDITIONAL DOCUMENTS FOR LICENSURE BY RECIPROCITY:

- Completed application and appropriate fee.
- ♦ All reciprocal applications must meet a seismic force requirement for the State of Montana. Seismic force has been included in all NCARB examinations since December 1965, in the Western Conference states since June 1963 and in California since 1937. If it is determined during the review that you do no meet

- this requirement the applicant will be required to take a lateral force examination. This information is contained in the NCARB Blue Cover Council Record.
- ♦ All licensees who enter into partnerships, limited partnerships or profit corporations, sub chapter S corporations or any other form of business entity in which their professional talent and services are utilized, must file a statement with the Board of the existence of the business entity and of their relationship to it.

7. GENERAL INFORMATION

- ♦ The Montana Board of Architects does not have temporary licensure for architects.
- ♦ Applicants may contact the National Council of Architectural Registration Boards (NCARB) for any information required above at 202-783-6500 or their website at http://www.ncarb.org
- ♦ A non-resident architect who holds a current, unexpired, unrestricted license to practice architecture issued by the state in which the architect's principal offices are located and holds a current NCARB Council Record, may, upon furnishing the Board with verification of licensure from the other state licensing authority, and verification of their NCARB Council Record, offer architectural services in this state, but may accept no commission or otherwise engage in the practice of architecture within the state until licensed by the Board.
- ♦ Nothing shall prevent a partnership (including a registered limited liability partnership), limited liability company or corporation (including a professional corporation) from performing or holding itself out as able to perform any of the services involved in the practice of architecture, provided, that two-thirds of the directors (if a corporation) are registered under the laws of any United States jurisdiction or any foreign jurisdiction approved by the Board as architects or engineers and that one-third of the general partners, managers or directors are registered as architects in Montana.
- ♦ A completed application, which includes the current NCARB Council Records, will take approximately 10-15 days to issue a license.
- ♦ If you are going to be applying for licensure by using the NCARB Uniform Application for Architectural Registration then you will need to also submit the following forms included with your application: (these forms can be found on our website)
 - 1. Relationship form
 - 2. Supplemental-Reciprocity Form

Please make sure all required documents are submitted with a completed application. Incomplete applications cause delays in processing. Please do not send cash. Payments are to be made by check or money order. Mail your completed application and supporting documents to the Board office address found on the top of page one.

The Montana Board of Architects

301 South Park Ave Helena MT 59620

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Architect Application

Application Fees	(nonrefundable)	Which method are	ou seekina licensu	ıre
Application i cos	(Horn Cranaabic	villon medica	rod occiving nochod	41 C

\$100.00 for Reciprocity licensure Reciprocity

No application fee for Exam licensure Exam

Social Security Number

Last Name First Name

Middle Name Also Known As

Gender Date of Birth E-mail Address

Please indicate you preferred mailing address

Home

Business

Residential Information Business (Employer) Information

Phone Phone

Fax Fax

Address Address

Zip Code Zip Code

City, State City, State

Business Name

Montana Board of Architects

Please complete either section number 1 or 2 only.

1. If you are associated with the following business entity, please mark it and skip the remainder of this page.

Sole Proprietorship

2. If you are associated with any of the following business entities please mark the appropriate one, indicate which position you hold within the entity, indicate the number of partners, etc.

Partnership Corporation Limited Liability Company

Limited Liability Partnership Other

S Corporation

Position you hold within the Business Entity:

Officer Director Partner Employee

Managing Member Member Other

Number of Partners, Managers, and Directors:

Total Number of General Partners, Managers or Directors:

Total Number of Engineers or Architects who are General Partners, Managers or Directors:

Total Number of General Partner, Managers or Directors who are registered as Architects in the

State of Montana

(Y/N) Are any other employees of your Business Entity currently applying for licensure in Montana?

If the answer to this question is "yes", please list the names of the other applicants.

The rules relating to this page have been provided below for your reference.

<u>24.114.403</u> <u>BUSINESS ENTITY PRACTICE</u> (1) When there is a partnership or other business entity of architects, the individual names and license numbers may appear on one seal.

(2) Nothing shall prevent a partnership (including a registered limited liability partnership), limited liability company or corporation (including a professional corporation) from performing or holding itself out as able to perform any of the services involved in the practice of architecture; provided, that two-thirds of the general partners (if a partnership), two-thirds of the managers (if a limited liability company), or two-thirds of the directors (if a corporation) are registered under the laws of any United States jurisdiction or any foreign jurisdiction approved by the board as architects or engineers and that one-third of the general partners, managers or directors are registered as architects in Montana.

24.114.404 ARCHITECT PARTNERSHIPS TO FILE STATEMENT WITH BOARD OFFICE (1) All licensees who enter into partnerships, limited partnerships or profit corporations, sub-chapter S corporations or any other form of business entity in which their professional talent and service are utilized, must file with the board office a statement of the existence of the business entity and of their relationship to it.

Yes No

1.

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All applicants must answer the following questions. If you answer, "yes" to any of these questions, attach a detailed explanation on a supplemental sheet containing names of organizations, dates, reasons, and outcome. If you answer "yes" to any question that relates to disciplinary action, attach copies of the document that initiated each action and all final orders. Section 37-1-105 MCA, requires that you report this information. Failure to accurately furnish this information is grounds for denial or revocation of your license.

1.	Have you ever been denied licensure in any jurisdiction? Yes No
2.	Has a licensing agency ever taken adverse or disciplinary action against your license? Yes No
3.	Has your license ever been forfeited or surrendered? Yes No
4.	Has a complaint ever been made against you alleging unethical behavior or unprofessional conduct? Yes No
5.	Have you ever been expelled from or asked to resign from any professional organization of which you were a member? Yes No
6.	Have you ever been charged with or convicted of a crime (including a plea of no contest or deferred prosecution) relating to, or committed during the course of your professional practice, or involving violence, use or sale of drugs, fraud, deceit, or theft, whether of not an appeal is pending? You may omit: 1. Traffic violations for which you paid a fine of \$100.00 or less. 2. Charges or convictions prior to your 16th birthday. Yes No
7.	Have you ever been charged with fraud, formally or informally, in any legal proceeding? Yes No
8.	Have you any physical or mental condition, which has in the past three years adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? Yes No
9.	Have you within the last three years, used alcohol or any other mood-altering substance in a manner that adversely affected your ability to practice this profession?

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(For Reciprocity Licensure only. If you are applying by Exam please skip this page)

All reciprocal applicants are required to complete this page for processing of the Montana Architect Application. Please indicate below in which state(s) you held or currently hold an Architectural License:

State	License #	Original License Date	Currently Active (Y / N)

Montana Board of Architects

Affidavit

Applicant Signature	Date
	ning my education, training, record, character, license ne who might possess such information, to the Montana
complete to the best of my knowledge. In sig evasive answer to any question may lead to d licensure on ethical grounds. I have read and	information included in my application to be true and uning this application, I am aware that a false statement or denial of my application or subsequent revocation of am familiar with the applicable licensure laws of the State instructions. I accept the rules and procedures outlined in ion.
For a verificat	ion upon oath or affirmation
State of	
(County) of	
Signed and sworn to (or affirmed) beto (name(s) of person(s) making statement)	fore me on by
	(Signature of notarial officer)
(Seal)	Title
	Residing at

[My commission expires:

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